153786.26 US

Docket No.:

DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

	my res	elow named inve idence, post offic	ce address an	d citizenshi	p are as stated below	under my name;
	I verily believe	e I am the ongina ntor (if plura) nan	n, first and so nes are listed	le inventor below) of t	(If only one name is i the subject matter wh	isted below) or an original, first ich is claimed and for which a
	patent is sough	nt, namely the inv	vention entitle	d:_Method	and System for G	SM-Billing-
	I have claims, as ame I ackn patentability as Under	ended by any am owledge the dut a defined in Title	understand the endment refer y to disclose 37, Code of F de §119, the	ation number the contents tred to above to the Off federal Regressionity bene-	of the above-identifine. Tice all information knumer in the second of the following for the following	ed specification, including the nown to me to be material to breign application(s) filed within
	foreign to the	United States of	America eithe	er (a) more t	or's certificate on this i than one year prior to prity application(s):	nvention were filed in countries my international application, or
	I hereb to prosecute th	y appoint the folliss application and	lowing as my d to transact a	attomeys of	f record with full powe in the Patent Office:	r of substitution and revocation
cust	omer Nº 259	Kirk M. Hudson	, Reg. No. <u>27</u>	<u>,562;</u> Thon	iam P. Berridge, Reg nas J. Pardini, Reg. I Reg. No. <u>31,450</u> .	. No. <u>30,024;</u> lo. <u>30,411;</u> and
	ALL CORRESI BERRIDGE, P.	PONDENCE IN (O. BOX 19928, A	CONNECTION ALEXANDRIA	N WITH TH , VIRGINIA	IIS APPLICATION SH 22320, TELEPHONE	OULD BE SENT TO OLIFF & (703) 836-6400.
	statements ma belief are belief alse statement Title 18 of the	de herein of my ved to be true; is and the like so	own knowled and further the made are pure ode and that	dge are true at these sta nishable by	e and that all statements were made fine or imprisonment,	of this Declaration, and that all ents made on information and with the knowledge that willful or both, under Section 1001 of the jeopardize the validity of the
	Typewritten Foot of First or Solo	3	STADELI	MANN	10NI	
)	Inventor's Sign	nature:	Given Nam	e /-	Middle Initial	Family Name
	Date of Signat			DFC.	21	2004
	Residence:	3065 Bollige	en CHX	Month	Day Switzerland	Year Switzerland
	Citizenship:	City Switzerland			State or Province	Country
	Post	Office Address:	Bodenacke	r 69		
		complete mailing s, including country)	3065 Boll	igen (Sw	itzerland)	

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE 🗵

of signing on line 3.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date

(Discard this page in a sole inventor application)

1	X	Typewritten Fu of Joint Inven	ull Name tor 2 -∞	KAUZ MICHA	EL	
2		Inventor's Signature: Date of Signature:		Given Name	Middle Initial	Family Name
		Residence:	1012 Lausanne	Month	Switzerland State or Province	Year Switzerland Country
			Switzerland Office Address:	Chemin du Devin		
1		(Insert complete mailing address, including country) Typewritten Full Name		1012 Lausanne (
2		of Joint Inven Inventor's Sign	nature:	GIVEN Name	Middle Initial	Family Name
3		Date of Signate		DFC Month	Day	Zoo4 Year Switzerland
		Residence: Citizenship:	City New Zealand	HX	Switzerland State or Province	Country
		(Insert	Office Address: complete mailing s, including country)	Murifeldweg 2 3006 Bern (Swit	zerland)	
1		Typewritten Fu of Joint Invent	ill Name	Given Name	Middle Initial	Family Name
2 3		Inventor's Sigr Date of Signate				
		Residence: City		Month	Day State or Province	Year
	Citizenship: Post Office Address:					
1			complete mailing s, including country)			
		of Joint Inventor Inventor's Signature:		Given Name	Middle Initial	Family Name
2 3		Date of Signature:		Month	Day	Year
		Residence: City Citizenship:			State or Province	Country
		Post (Office Address:			
1		address Typewritten Fu of Joint Invent	s, including country) III Name Cor			
2 3		Inventor's Sign Date of Signatu		Given Name	Middle Initial	Family Name
		Residence:		Month	Day	Year
		City Citizenship: Post Office Address:			State or Province	Country
		(Insert o	complete mailing s, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.